## EXHIBIT D

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am MA 01. 2.0606. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	.0		Directions				<i></i>					er: BS587802		
697 Waverly Street, Framingham MA 01 ~ 800.994.6322, 508.820.0606. FAX 888.820.0583 or 508.820.1616	181/_5181	BE1881 0 1.0. #.	Thank you.		C21 2							DEA Number:	Date: & // (7.	, ,
	0 181/_Sh81 teg ess	YOLAWOA BERRIOFSO.#	your prescription order -	(%, mg/ml, free, write in p/f u/ml)	Bughel plt.	0								
Prescription Orde orm	MANTHE ENT	CONTACT NAME:	We must have Facility name & address to process your prescription order - Thank you.	(%, mg/r	redusone 80.	reservative free						1 SHETTYMD	For NECC Use Only NECC Agent:	
Pr DATE:	MARION PAIN MA	- 78th LOOP	We must have Facilit	compounded	Methy 1	Preserva						ure: MANGALI	al Agent:	
Activity pharmacy exhibitors	FACILITY: MRRIO	ADDRESS. 1737 SE 28th LOOP	Nome of Balliant	ivaline of a autom								Physician's Name/Signature: MANGALA SHETT	Verification: Institutional Agent:	V102309



New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146

Ph. 508-820-0606 Fx. 508-820-1616

## Invoice

Date	Invoice #					
8/15/2012	225768					

BIII TO

MARION PAIN MANAGEMENT CENTER
1737A SE 28TH LOOP
OCALA, FL 34471
ATTN: YOLANDA BERRIOS

Ship To

MARION PAIN MANAGEMENT CENTER
1737A SE 28TH LOOP
OCALA, FL 34471
ATTN: YOLANDA BERRIOS

P.O. Number	Terms	Rep	Ship	Via		F.O.B.		Account#	
	CREDIT CARD	JN-S	8/15/2012	FEDEX					
Quantity	Item Code		Descriptio	n ·		Price Eac	h	Amount	
150	METHYL 80/1 PF	METHYLPREI MG/ML INJEC	ETATE (PF) 80			8.00	1,200.00		
1	Second Day Shipp		ĺ	15.00		15.00			
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		S. S	107/12	3	.				
!!ITHANK YOU FOR	8	Total			\$1,215.00				
		Credits			\$-1,215.00				
Bala							9	\$0.00	